

Meeting of the Executive Committee
RI Healthcare Reform Commission
Thursday February 21, 2013 – 2:00pm
Department of Administration, Conference Room A
Meeting Minutes

Attendees: Lt. Governor Roberts, Health Insurance Commissioner Chris Koller,
Secretary of Health and Human Services Steven Costantino, Director of
Administration Richard Licht, Governor's Policy Director Kelly Mahoney

- I. Call to Order – Lt. Governor Roberts called the meeting to order at 2:00pm. She welcomed the members and thanked them for their time.
- II. Discussion of Health Reform Legislation of 2013 (Presentation by Dan Meuse, Office of the Lt. Governor)
 - a. Mr. Meuse presented slides on various health reform related bills in Rhode Island. The bills discussed included:
 - i. **S197**, which relates to advanced practice registered nurse
 1. Mr. Meuse commented that this bill's diversion portion comes from last year's bill, and that this year's new bill covers the same topic.
 - ii. **S198**, which relates to the Department of Children, Youth, and Families
 - iii. **S297**, which will codify and create a council that will address palliative care
 - iv. **5215**, which is the House of Representatives companion bill to **S201**
 - v. **5243**, which is the House of Representatives companion bill to **S2012**
 - vi. **5319**, which relates to pharmacists performing lab tests
 - vii. **5418**, which would remove the power to approve the physician assistant training program from the Department of Health
 1. Mr. Meuse clarified that this bill is meant to make the current program compliant and uniform with the Physician Assistant Practice Act
 - viii. **5418**
 1. The group brought up a situation in which the mandate dollar limit does not cover 100% of the cost. It also posed the question of how the group can write the mandates for actuarially sound methodology.
 - a. Commissioner Koller answered, noting that federal law states that there can be no imposed lifetime or annual cost limit for essential health

benefits. He also noted that devices are different, but one would be able to authorize one device per time period.

2. The group also asked what the cost baseline would be for different models of hearing aids. An insurer would be able to specify some preferred types.
- ix. **5461**, which is a health mandate for joint disorders. It states that after January 2012, the state bears the cost
- x. **5481**, which allows adult siblings to share living providers
- xi. **5556**, which will create the Health Benefits Exchange to be a quasi-public entity.
 1. Mr. Meuse clarified that in 2011, a previous draft of this was passed in the Senate, but defeated in the House.
 2. Mr. Meuse also noted that the functions and operations of the exchange shall not extend beyond federal scope.
- b. Other bills not yet introduced:
 - i. Health Analytics, policy and planning commission:
 - ii. Medical Liability reform: not tort reform of caps and interest rates- instead Alternative Dispute Resolution, not inhibit use of judicial system, but rather another alternative.
 - iii. Tax Credit for small businesses to implement wellness programs: cost can inhibit use in small businesses, so this would incentivize. Wellness programs must be signed off by Director of Health
 - iv. Patients' Rights in Health care Information: when Health Exchange was passed, patients rights were enumerated but limited to info only on the exchange. Protections do not currently transfer to other health records, this bill would enumerate these rights to all health care data.
 - v. Affordable care Act/ Insurance Market Rules: follow on from last year to allow insurance commissioner to enforce mirrored ACA rules. This is a follow-up:
 - vi. Hospital Conversion Act Judicial Review: Last year, changes took us away from APA. This law would return back to APA interlocutory review.

III. State Health Reform Assistance Network (Presentation by Heather Howard and Enrique Martinez-Vidal)

- IV. State Health Reform Assistance Network:
- a. Heather Howard and Enrique Martinez-Vidal came forward to discuss the plans in RI.
 - b. Description of Program:

- i. Robert Wood Johnson Foundation: after ACA they recognized that success depended on states and the SHRAN was created. Ten states were selected and given technical assistance related to ACA implementation. Team in place to support states and guide them through issues as they arise. Also foster- peer-to-peer communications between states.

c. Interactions:

- i. Mr. Martinez-Vidal is state liaison for RI.
- ii. Past Projects:
 - 1. Insurance market reforms
 - 2. Exchanges
 - 3. Medicaid expansions
 - 4. Data and Communication
 - 5. Harmonization Bill part II
 - 6. Developed Forms Checklist for ACA and RI Requirements for Agencies (used RI, made it generic and distributed to other states as a template)
 - 7. Health Insurance Exchange:
 - a. Establishment grant money
 - b. Contracts with specific scope of work, RWJ helped provide a bridge to extend work.
 - 8. State Health Access Data Assistance Center: University of Minnesota- developed RI health survey.
- iii. Current:
 - 1. Working with Medicaid folks. While running program, preparing for 2014, the waiver- technical assistance provider to help
 - 2. How to transfer existing system to exchange.

V. Public Comment

VI. Adjourn – Next Meeting March 28, 2013